

# Network Adequacy

## Data Maintenance Planning

### Round 1 of 2023

**10:00 am-11:00 am Central**  
**December 8, 2022**  
**Regulatory Health Link Division,**  
**Arkansas Insurance Dept., Dept. of Commerce**



# Agenda

- **Introductions & housekeeping**
- **Overview of phases**
- **Changes in the NA Regulation Landscape**
  - **CMS-CCIIO's communications through PY2023 LTI and NBPP**
  - **Monthly meetings between CMS-CCIIO and the states have started**
  - **Arkansas DOI's position on the changes**
  - **Metrics & algorithms are under development**
- **PTNP process and dates**
- **Errors to avoid**
- **NPI Lookup demo**
- **Appendix – Onboarding reference material**

# Introductions

- If you can, please enter your name(s) in the appropriate Zoom location. We try to capture attendee & organization names for the meeting notes.

# Intended Audience-1

- These meetings on Network Adequacy apply to all health and dental insurance carriers *covered under Rule 106*.

# Intended Audience-2

- AID attempts to communicate with three roles involved in Network Adequacy
  - NA Subject Matter Expert (NA SME).
  - Associated IT personnel.
  - Associated compliance personnel.
- NA contacts known to AID are listed and grouped by organizations in *Network Adequacy Industry Contact List.pdf* on our NA website <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>. Addition or removal of contacts in list can be emailed to [RHLD.DataOversight@arkansas.gov](mailto:RHLD.DataOversight@arkansas.gov)



# PTNP Data Maintenance

## Why?

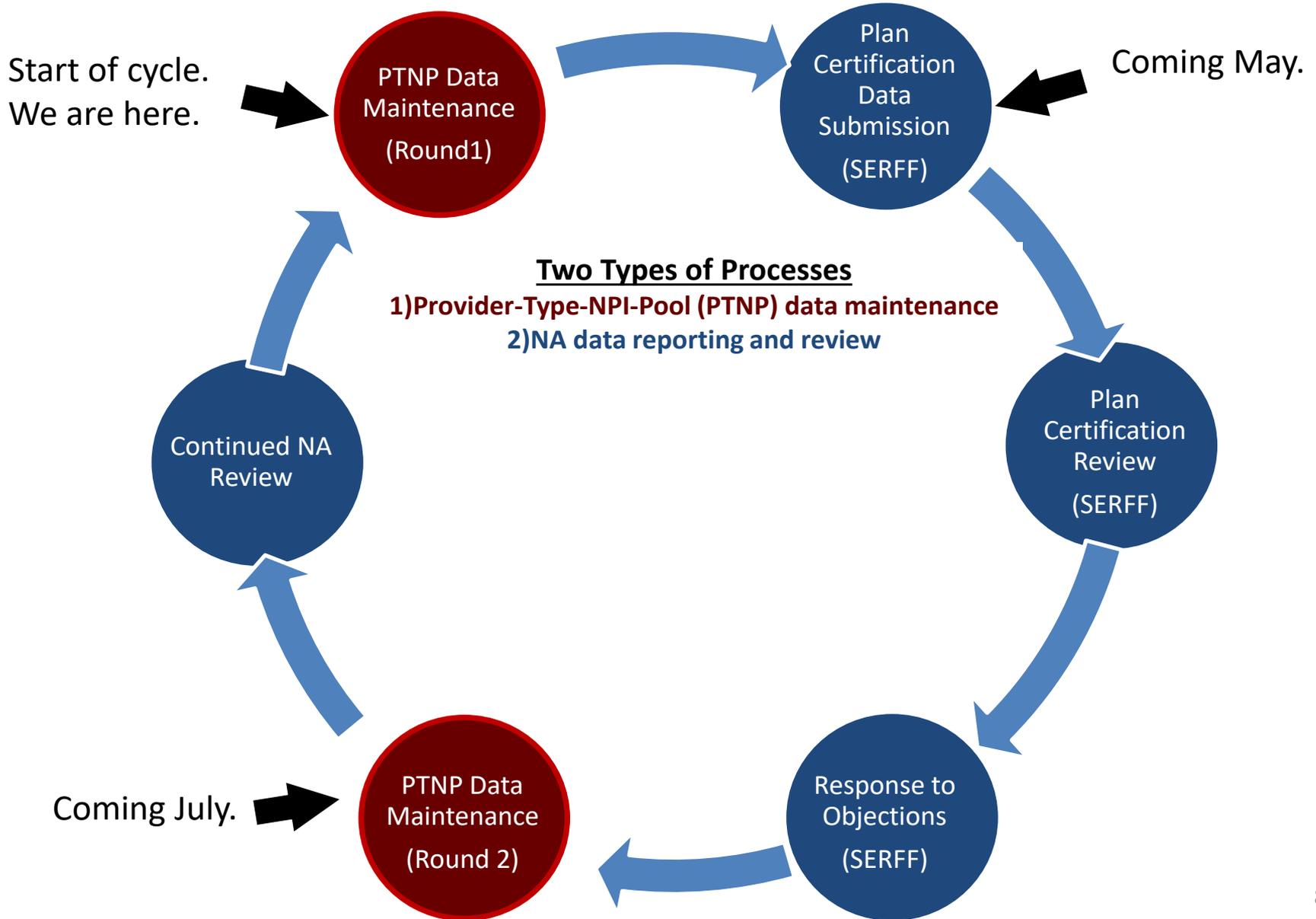
**Industry agreement** on the classification of individual providers and facilities, who treat Arkansans, into “Provider Types” defined by Arkansas.

This **agreement** is key to AID’s evidence-based Network Adequacy regulation.

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# Arkansas Network Adequacy Regulation Cycle



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# **CMS-CCIIO communications for PY2023**

## **1) Communications though PY2023 LTI and NBPP hold.**

**a. Expects states to apply quantitative processes to ensure that**

- i. Federal Provider-Types are also monitored**
- ii. Federal metrics are used**
- iii. Federal thresholds are met.**

**(90% of enrollees are covered by a provider within the time and distance standards for the county)**

**~~b. Will analyze networks regardless of what the state intends to do. Will share results and collaborate.~~**

## **2) Monthly meetings between CMS-CCIIO and the states ongoing on Network Adequacy regulation.**

# Arkansas DOI's position

- **Not adversarial to CMS-CCIIO's NA proposals in general.**
  - **The first design principle in Arkansas DOI's NA Regulation program is *“Align with available Federal/National standards or efforts if feasible”*.**
- **Arkansas primarily uses “Average Distance to nearest Provider” which is different from CMS-CCIIO metrics.**
  - **Arkansas DOI will need time to develop and test the new metrics.**
- **Arkansas DOI's attempt to develop CMS-CCIIO metrics on time and distance will NOT require additional data from the issuers.**
- **Arkansas DOI intends to first apply CMS-CCIIO metrics to the marketplace issuers for PY2023.**
  - **Depending on the outcome of Arkansas efforts, the CMS-CCIIO standards may be applied to all issuers. Rule 106 would be amended to reflect this.**
- **CMS-CCIIO metrics will not replace Arkansas primary metric (Avg. Distance) in the near future.**

# Arkansas DOI's position

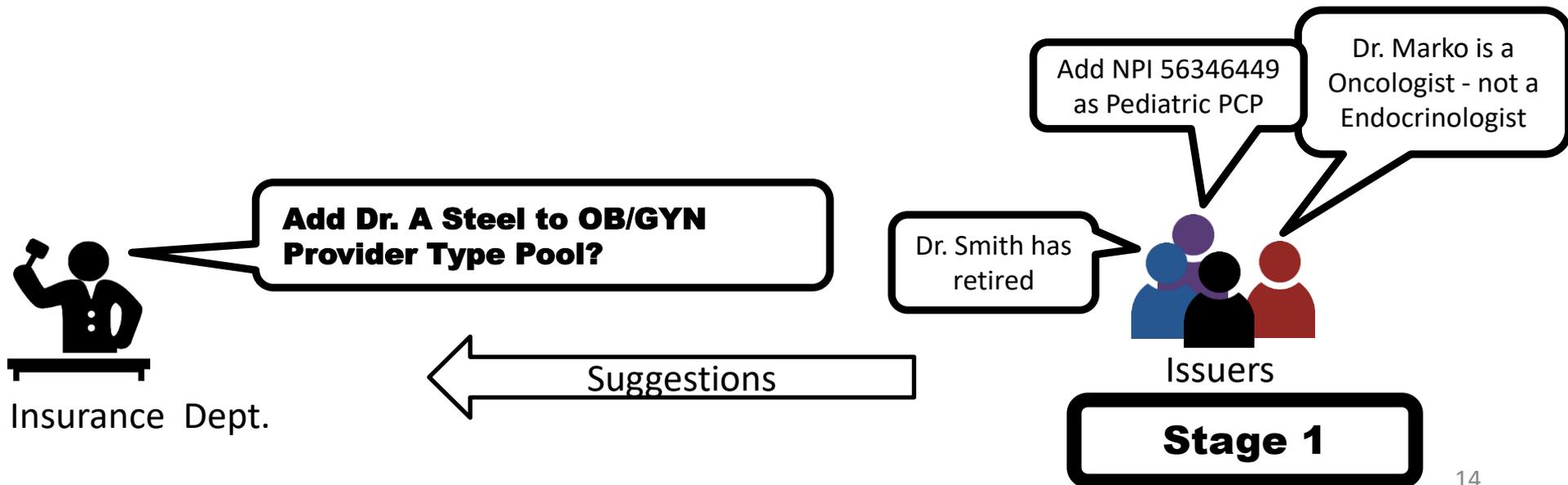
- **Arkansas DOI has not seen any initiative on provider data classification quality control in the CMS-CCIIO-States interactions so far. The state will therefore continue with its PTNP data maintenance process.**

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# PTNP Maintenance Process Overview (Provider Classification Maintenance)

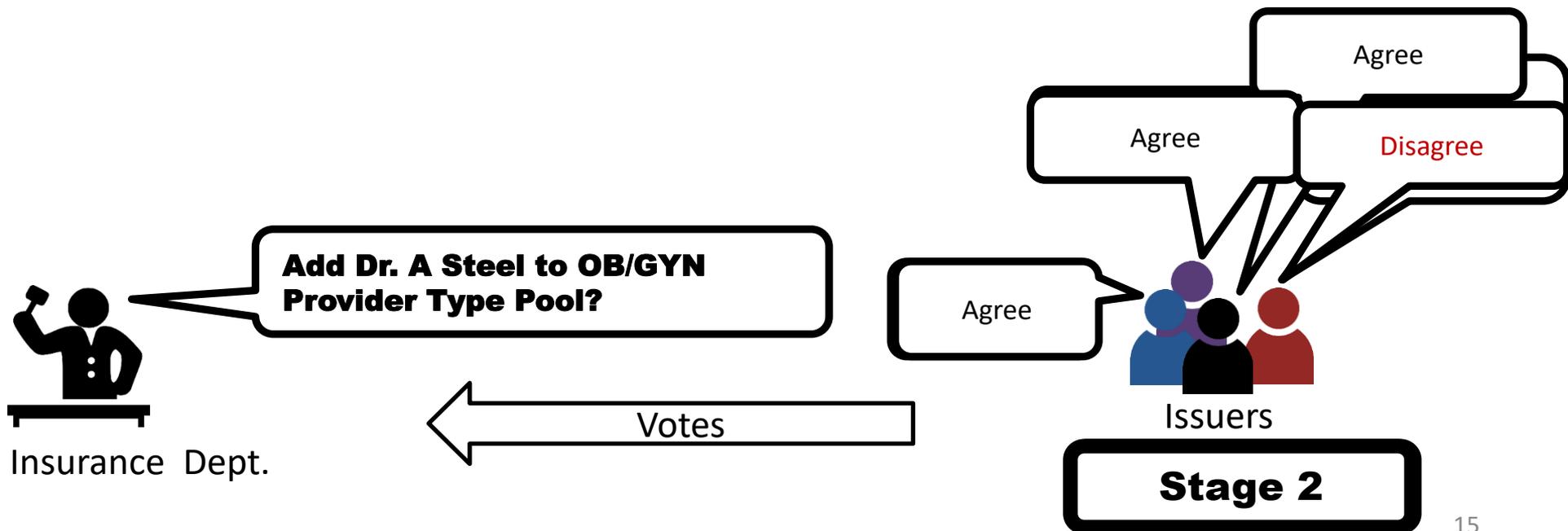
- Two rounds a year (Round 1 & 2)
- Each round has a two stage process
  - Stage 1: Suggestion for classification changes by industry



# PTNP Maintenance Process Overview

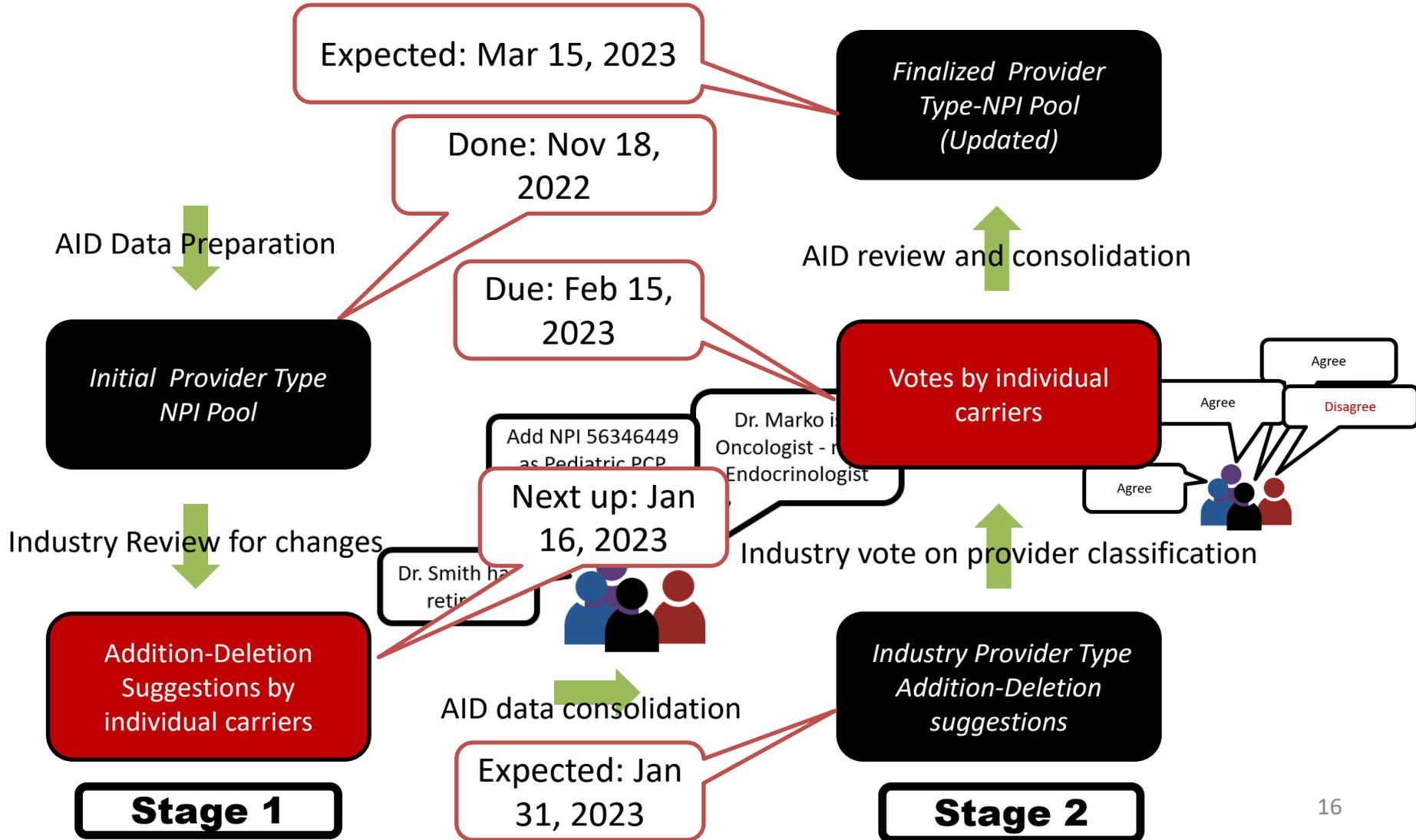
## (Provider Classification Maintenance)

- Two rounds a year (Round 1 & 2)
- Each round has a two stage process
  - Stage 1: Suggestion for classification changes by industry
  - Stage 2: Voting on each change by industry



# PTNP data maintenance Round 1

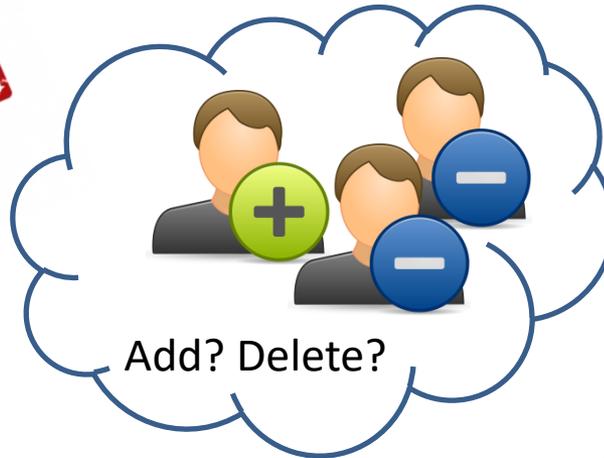
Details available in [NA Review Process.pdf](#)



<http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>



2023 Round 1 Initial Provider Type-NPI Pool  
(Available since November 18, 2022)



Add? Delete?



Blue Cross Experts



AID Secure FTP Server

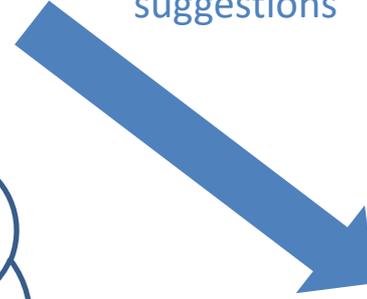
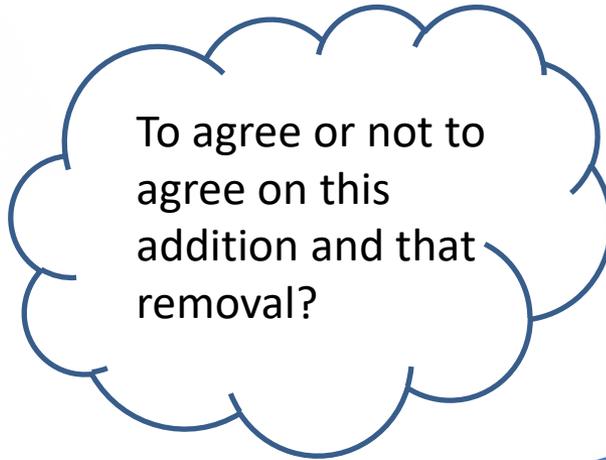
“20230116\_83470\_BCBS\_Provider\_Type\_NPI\_AddDelete.csv”  
(Due Jan 16, 2023)

**Stage 1: “Suggestion for changes” stage using BCBS as an example**

<http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>



"Industry Provider Type Addition-Deletion suggestions" (Expected Jan 31, 2023)



Ambetter Experts



"20230315\_80799\_Ambetter\_ObjectionVote.csv"  
(Due March 15, 2023)



AID Secure FTP Server

**Stage 2: "Voting" stage using Ambetter as an example**

# Expectations from Issuers

- Refer pdf document *NA Review Process* located in <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy> (NA website)
  -  – **Issuers provides suggestions for change.** Due on January 16, 2023.
  - AID collects these suggestions and posts the consolidated information on NA website on January 31, 2023.
  -  – **Issuers vote their agreement or opposition to suggested changes by others.** Due on February 15, 2023.
  - AID processes votes and updates the PTNPs on NA website on March 15, 2023.
- **AID will use this updated PTNP data to review NA data submitted through SERFF for certification.**

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# Errors to avoid during Stage 1: “Suggestions for change” (1 of 3)

- Please understand that PTNP data maintenance is NOT just about your network(s) alone. DO not attempt to remove a provider who is not in your network anymore but may work for others.
- Please understand that our PTNP data maintenance attempts to focus on actual provider practice rather than academic qualifications. For example, a provider who is qualified in “Internal Medicine” but is known to work only in the ER of a hospital, should not be classified as a Primary Care Provider.
- Please remember we are communicating about correcting classifications of NPIs (i.e. Providers). Not whether a NPI (i.e. Provider) exists. Each line communicates either **addition of an NPI to a “C-bucket”** –OR- **removal of an NPI from a “C-bucket”**.
- A misclassified NPI **\*may\*** require two or more suggestions. One would be a **removal** from the incorrect “C-bucket” **and if not already assigned to the applicable “C-bucket(s)”, addition(s)** to the correct “C-bucket(s)”. Sometimes a misclassification may require only one suggestion- a removal from a “C-bucket” with no concomitant addition suggestions, since an appropriate “C-bucket” does not exist for the NPI.
- Try not to approach the PTNP data maintenance with an inclination towards one type of action (say an inclination towards either addition or deletion). AID tends to compare competitor networks before issuing an objection. Just focusing on say additions and not on removal of inaccurate NPI classifications may not help you in AID’s comparative analysis. Please approach the PTNP data maintenance as an effort towards accurate classification.
- While adding bordering state providers, please remember that AID does not have any “contiguous county” requirement. But bear in mind though that adding providers very far from the borders may not help with your average distance calculations. Add providers in bordering states that Arkansans do avail – because your consumers are probably the best judge.

# Errors to avoid during Stage 1: “Suggestions for change” (2 of 3)

- While removing a misclassification for a provider be careful not to remove other classification for the same NPI that may be correct.
  - For instance while cleaning up misclassified Endocrinologist NPIs, AID observed issuers removing correct association of those NPIs with Oncology.
- While adding a NPI to a “C-bucket”, please pay heed to the taxonomic definition of the “C-bucket”. Same consideration applies when looking for removals.
  - For instance the current definition of C250 (Access to Dental – General) does not include Pediatric Dentists, so do not add them to “Dental General”. Conversely if you know an NPI listed in “Dental – General” is an Pediatric Dentist by practice, ask for its removal.
- **Do** provide your most compelling reason for an addition or deletion. Each issuer’s reasons behind an addition or removal is shown to all issuers during the voting round and may influence their feedback. During vote processing AID may overrule the direction of a vote based on the strength of an issuer’s reason.
  - An example of a compelling reason for removal of a PCP can be a brief “Works only in emergency medicine in our 2016 claims data”.
- Download and use the correct template to suggest changes. Please do not fashion your own spreadsheet.
- AID had observed significant feedback in the voting stage (that comes later) saying that a particular NPI should belong to some other bucket. Please understand that the “Suggestions for change” stage is the stage to add or remove from an classification. **The voting stage that comes later, is not the place to make addition or removal suggestions.**

# Errors to avoid during Stage 1: “Suggestions for change” (3 of 3)

- When a facility changes ownership, it gets a new NPI. When adding this NPI remember to delete the NPI associated with the previous owner.
- Before adding an NPI to a provider bucket, ensure that the NPI *does not already exist* in that bucket.
- Remember – we are doing this data maintenance because the NPI Registry does not have the adequate data quality for provider classifications. Therefore, do not be quick to re-classify a provider existing in the PTNP final list **solely based on the taxonomy in the NPI Registry**

# Errors to avoid during Stage 2: “Voting” stage (1 of 1)

- Most network data considerations during the “add-remove” stage also apply to the “Voting” stage; Taxonomic definitions, Out-of-state provider distance considerations, etc. should be considered.
  - For example, before objecting to some other issuer’s removal of an apparently valid NPI-“C bucket” combination, consider if the provider is out of state, and if all practicing locations are far from the border.
- Please use the recommended template.
- Please remember that this stage is only to communicate your agreement or rejection of a suggested change of provider classification. It is not about communicating whether a NPI (i.e. Provider) exists – or – that the provider is miss-classified and should belong to a different bucket. While rejecting an addition suggestion, if you realize that the NPI belongs to a different C-bucket, your opportunity for suggesting the addition to the appropriate C-bucket(s) will be in future PTNP data maintenance rounds. Suggestion to add to a different C-bucket cannot be handled at this stage.
- Do provide your most compelling reason behind rejecting an addition or deletion. AID may use the strength of your reason to settle a tie, or even reverse the direction of a vote.
  - An example of a compelling reason for rejecting addition of a NPI as a PCP can be a terse “Works only in emergency rooms per claims data”.

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# NPI Look-up demo

- Arkansas DOI has been developing a NPI Lookup tool.
- For the NPI it will display
  - Latest provider data from the NPI registry
  - Recent PTNP voting activity
  - Presence in the latest ECP/NA templates from issuers
- Beta testing <https://rhldqa.insurance.arkansas.gov/NPILookup>
- The PTNP data maintenance templates in the future will have embedded links within each NPI

# Next steps for industry

- Refer to slide titled “Expectations from Issuers”
- AID welcomes communication from Issuers on Network Adequacy on any issue
  - Clarifications or questions
  - One-on-one meetings for those new to the program
  - Suggestions for improvement

# Questions?

Email

[RHLD.DataOversight@arkansas.gov](mailto:RHLD.DataOversight@arkansas.gov)

Or call

Tonmoy Dasgupta (501-773-0420) Cell



Reference slides for new issuer personnel

# **APPENDIX**

Arkansas Network Adequacy Regulation

# **NEW TO THE PROGRAM?**

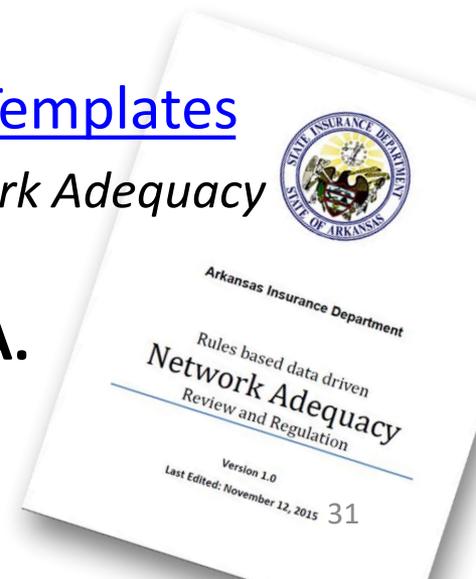
# New to Arkansas NA Regulation Program?

Two important documents to read

- Program details available at <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>
  - “NA Review Process”

This document lays out NA activities for the coming plan year
  - Meeting slides and notes maintained in chronological order
- Data specifications & templates updated at <http://rhld.insurance.arkansas.gov/Info/Public/Templates>
  - For data submission requirements refer “*SERFF Network Adequacy Data Submission Instructions*”

**New issuers can call AID for an overview with Q&A.**



# Network Adequacy Overview

There are two major *types* of processes within the NA review in Arkansas.

- 1) Provider-Type-NPI-Pool (PTNP) data maintenance .
- 2) NA data reporting and review.

# PTNP Data Maintenance versus NA Data Reporting & Review

PTNP Data Maintenance	NA Data Submission & Review in SERFF
Twice yearly	Once yearly
Regulatory data pre-planning. Not regulatory data by itself.	Regulatory Data.
Not mandatory. But is highly recommended because it has direct bearing on the regulatory data submitted (Arkansas templates) and on analysis done by AID (on Federal ECP/NA templates).	Mandatory.
SERFF not used for data interactions. Data exchanges through AID public website and Issuer data submissions to AID's secure FTP server.	Only SERFF used.
Industry information drives outcomes.	Regulatory requirements drives outcomes.

# How is data exchanged in the PTNP process?

- **From AID to issuers:**

AID's Network Adequacy (NA) webpage

(<http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>)

For file names refer *Network Adequacy Review Process.pdf* located in the same webpage.

- **From issuers to AID:**

Delivery to AID's secure FTP servers following instructions in "General Data Submission Process to RHLID" located at <http://rhld.insurance.arkansas.gov/Info/Public/Templates>.

For file naming conventions during the two stages of issuer feedback refer *Network Adequacy Review Process.pdf* located in AID's NA webpage.

Data submissions from issuers explained with examples in later slides.

# AID Disposition Details

- AID provides detailed information on the outcome of the voting stage.
- This makes available cases where AID had to
  - wade in to settle tie breakers OR
  - reverse a popular vote based on a strong(er) reason provided by the minority (few cases)

# Initial Provider Type NPI pool template

File Home Insert Page Layout Formulas Data Review View Developer Help Design Search

Clipboard Font Alignment Number Styles Cells Editing

Count for Action

(Note: This sheet has been provided for *informational purposes only*. The **ORANGE** columns show AID's disposition processing for PTNP change requests during the last round.)

Criteria	Description	NPI	Action	CountRequesting	CountNewAction	CountAffirm	CountObject	CountContradictory	Feedback Reason	Agree Reason	Object Reason	Count for Action	Accept Action?	Reason behind AID disposition
1909	CD10 Access to Adult/Geriatric Primary Care Provi	1114974086	Add	1	1	1	1	0	Not previously listed	NULL	Practices in Humboldt, TN - Out of Area,		N	Dr Arinze practices out of Humboldt, TN
1977	CD10 Access to Adult/Geriatric Primary Care Provi	1033405824	Remove	1	1	1	1	0	Not a PCP, hospitalist	NULL	Works for PC Clinic,		N	A hospitalist can also act as PCP - as the objection

2 of 5054 records found

Overview Provider Classifications Removals TaxonomyMap **Prior Round Dispositions**

Accept Action?

Reason behind AID disposition

N

Dr Arinze practic